

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10731513

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1		1				
2		1		1			
3		1		1			
4		2		2			
5		2		2			
6	1		1				
7		2		2			
8		2		2			
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50							
TOTAL IND.	2		2				
TOTAL DEP.	10		9				
TOTAL CLAIMS	12		11				
51							
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